

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	John Robertson		COURT CASE NUMBER	CV 06-19-(KAI)
DEFENDANT	CORRECTIONAL MEDICAL SYSTEM		TYPE OF PROCESS	Complaint
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
	Office of the Attorney General State of Delaware			
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	820 N. French St Wilmington, DE 19801			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285	1
<input checked="" type="checkbox"/> OFFICE OF THE ATTORNEY GENERAL CARVEL STATE OFFICE BUILDING 820 N. FRENCH ST, SIXTH FLOOR WILMINGTON, DE 19801			Number of parties to be served in this case	2
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

John Robertson

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

4-24-06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk GP	Date 5-18-06
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I hereby certify and return that ☒ I have personally served, ☐ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Keith Brady

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service	Time
5-18-06	am

Signature of U.S. Marshal or Deputy

GP

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

2006 MAY 18 AM 9:30

CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE